

Report and description of follow-up services provided to hospitals participating in performance improvement consultations through the Delta Rural Hospital Performance Improvement Project



About the RHPI Project

The Rural Hospital Performance Improvement (RHPI) Project is funded by the Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS). Project funding was awarded September 2004 to Mountain States Group (MSG) in partnership with the Rural Health Resource Center (RHRC). This is the second contract. The first contract was awarded to MSG September 2001.

One of the goals for this project is to provide onsite technical assistance to hospitals in the Delta Region to help them improve their financial, clinical and operational performance. This is accomplished through the offering of consultations including performance improvement (PI).

Introduction

This report is prepared for the Partnership Committee and state partners of the RHPI Project. State partners are representatives from state offices of rural health and hospital associations from the 8-state Delta Region (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee).

Along with providing technical assistance, RHPI has focused on building internal performance capacity. This required that the consultants not only sought to identify recommendations that were feasible and educate staff, but also to facilitate a process for setting priorities, actions and accountabilities. The consultants are responsible for serving as an on-going resource, but are not doing for hospital staff what they can do for themselves with direction, guidance and resources.

"Give a man a fish; you have fed him for today. Teach a man to fish; and you have fed him for a lifetime"—Author unknown

Technical assistance provided early in the project (2002) ended with the preparation of a report specifying the consultant's findings and recommendations. The participating hospitals, some state partners, and the

consultants themselves recognized that more was needed to improve implementation of the recommendations. Consequently, consultants proposed a plan to project staff for a formal follow-up phase to PI consultations.

This follow-up phase, also referred to as action planning, implementation phase, implementation strategies or implementation assistance, has been conducted since 2002. A process evaluation completed by an external evaluator indicated some stakeholders are unaware of this service. The purpose of this document is to provide a report on, and description of, the follow-up phase to PI consultations. Please note that a specific follow-up approach may vary depending on the consultants conducting the PI consultation. The approach described in this report is from Stroudwater Associates as they have conducted the majority of the PI consultations for the Delta RHPI Project.

Follow-up phase description

The following description is taken from the notice that is sent to hospitals selected to participate in PI consultations; this notice is also sent to state partners.

Implementation assistance — Following the development of the PI report, the focus turns to implementation assistance. A day long implementation workshop will be held approximately two weeks of finalizing the report. This meeting shall include the management team and others as identified by the administrator. The consultant will present an executive summary of the PI report. If desired, a special presentation can be arranged for the board and hospital leadership. The consultant will facilitate conference call updates and will be available as needed for additional technical assistance. The following schedule is a framework and actual follow-up schedules will vary depending on the needs of hospitals.

Recommended follow up schedule (from date of workshop):

- a. 30-day follow up conference call including representatives from the implementation workshop who would give a status update and discuss implementation issues
- b. 60-day follow up conference call (same as 30 days)
- c. 90-day follow up conference call with the entire management team
- d. 6 month follow up call with administrator

Note: actual timeframes for conference calls are set individually based on hospital needs.

Desired outcome: Recommendations in the PI report will be evaluated by hospital staff, prioritized by timeline and impact, and assigned to an internal leader. Action plans for major recommendations will provide further detail.

The consultant uses an action plan format and form to help the hospital select priority recommendation for implementation (see example form). The facilitation of the action plan development is enabled by an understanding of the challenges and opportunities identified during the PI consultation.

Approach validated by evaluator

Early in 2004, the evaluator for the RHPI project, Dr. Ira Moscovice, presented the following results from his study. The evaluation included implementation of the PI recommendations in categories of substantial progress made, some progress or no progress. This evaluation included 29 hospitals that received PI consultations.

Based on the analysis the following was reported.

- The RHPI Project has been successful in helping rural hospitals to accomplish short-term progress in implementing the specific recommendations resulting from the PI consultations.
- The increased emphasis in Year 2 on the implementation of recommendations from the PI consultations was necessary, well-received by the sites and had a positive impact on the short-term progress made by rural hospitals in responding to the recommendations of the consultants. Further expansion of consultant involvement with the implementation process for PI action steps is recommended.
- State partners (e.g., offices of rural health and hospital associations) can play an important role in supporting PI action steps by rural hospitals.

The evaluators observed how enhancing PI consultations with action planning made a positive impact.

- The implementation plan in Year 1 generally involved an initial set of discussions with the [hospital] administrator. In Year 2, this generally involved an action plan workshop with key management team members and follow-up phone calls up to 180 days after the report was completed.

Closing thoughts

The purpose of this report and description of the follow-up phase to performance improvement consultations is to inform states partners, members of the Partnership Committee and others about this service. Project staff learned from the process evaluation that some stakeholders are not aware of this service to help hospital staff implement PI recommendations. Project staff are committed to keep stakeholders informed about project services and progress; and to improve the project to meet the needs of client hospitals. It is the client hospitals and their successes that make this project worthwhile. Consultants and their approach are a significant factor to this success.

An example action plan is included with this report.

A companion document is available that outlines the consultation services offered by the RHPI Project.

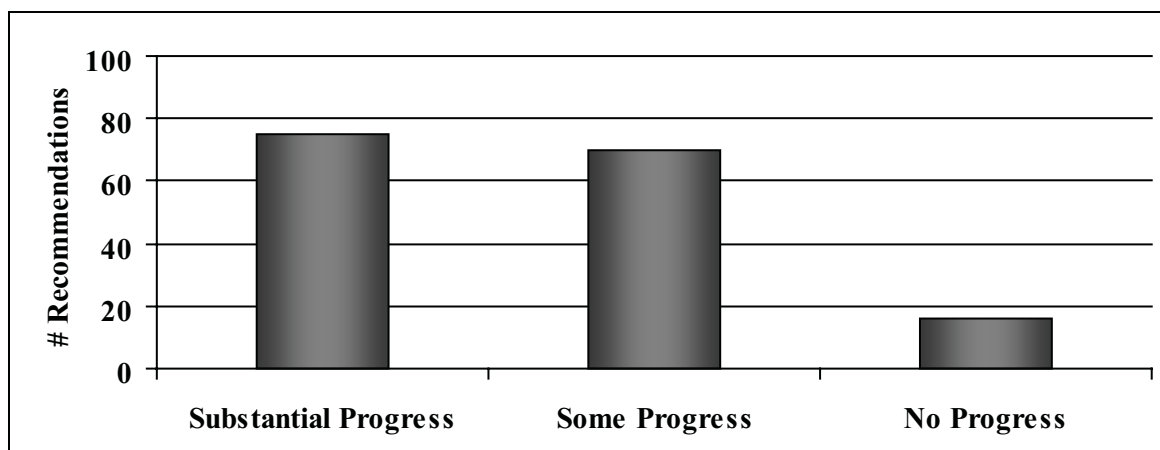
Questions regarding consultation services may be directed to:

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RHPI Project, Mountain States Group
Joseph: 662-719-4149, jhammond@MtnStatesGroup.org
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Questions regarding the RHPI Project may be directed to:

Terry Hill
Rural Health Resource Center
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**Progress achieved
in addressing
recommendations
from PI
consultations**



Example PI consultation action planning form

XYZ Medical Center **Performance Improvement (PI) Consultation Action Plan**

Action Plan Development – Workshop Date: September 22, 2005

Participants:

Facilitator: Mary Guyot

List of Potential Projects of Interest to the Team (meeting held prior to Sept. 22):

1. Swing Beds
2. Admission Process
3. Business office
4. Ancillary Services Utilization especially Radiology and Rehab Therapy
5. Emergency Room
6. Physician Relations
7. Charge Master
8. Increasing Out-Patient Nursing Services
9. Materials Management
10. Culture of Care

Follow – Up Call Dates / Participants: October 30 with				
1. Oct 31 with.....				
2.				
3.				
Action Plan # 1		Swing Bed Utilization		
Issue		Not using opportunity for increase revenue High fluctuation in ADC making difficult to staff and necessitating staff to be sent home Patient and family need for skilled level of care at the hospital		
Recommendation/Goal		Grow Swing Beds from 1.72 ADC in 2005 to 4 ADC by April 1, 2006 10/30 Update: not ADC available but 3 SB patients in bed today		
#	What is the action plan?	Who is the Driver?	By when? 2005-06	Follow-Up
1	Discuss SB billing with billing personnel to ensure appropriate process for inclusions and exclusions		Oct 30	
2	Review paper from Mary G on sample reasons for skilled bed admission and discuss questions with Mary		Oct 30	

Example PI consultation action planning form

3	Develop a list of what types of patients we are going to use our swing beds for	Nursing Supervisors	Oct 30	
4.	Dev. a nursing team to review documentation forms, P&P etc... to ensure that the process is not more complicated than required in a SB (less demanding than NH)		Oct. 30	
5	Administer staff ed. self needs assessment (sample provided by Mary)		Oct 30	
6.	Develop an educational plan with specific time frame		Nov 15	
7.	Visit with Dr. and STATE Ortho to discuss skilled rehab, ask what his in-patients procedures and post-surgical expectations are to ensure development of a strong program and increase orthopedic physician confidence in nursing and rehab staff capabilities	2 mtgs	Oct 30	
8	Educate the Physician and invite them to a breakfast that includes their office management and billing staff. Then conduct one on one visits with those who did not attend. Reiterate swing bed information at almost every medical staff meeting, and education out-of-town physician groups about the need for a local physician if applicable (Mary to provide information)		Nov 15	
9	Add a physiological assessment check list with admission papers so that the social worker will not have to be utilized as much		Nov 15	
10	Develop a list of who offers acute rehab and skilled care/rehab and the level of care they provide in those facilities to identify community needs, places to promote services and assist in identifying where patient's should be referred to (right patient, right bed, right time)		Oct 30	
11	Agree on a plan and create a schedule to call and let them know that beds are available		Oct 30	
12	Have a marketing plan that includes, target persons with phone numbers discharge planners, case management, home health, and nurse		Oct 30	
13	Take 3 different marketing trips to visit with six hospitals		Nov 21	
14	Develop a list of topics that are hot buttons for different audiences and things to talk with them about (such as: transfer rule, RUG reimbursement vs CAH, home health management within assessment and treatment schedule...)		Oct 30	
15.	Begin monthly visits from some one at Xyz (this will include other ancillary services to each target referral agencies)		Nov 1	
16	Complete staff education plan		Dec 30	
17	Develop a community education plan		Nov 1	
18	Implement community education plan in place		Nov 30	
19.	At least 10 community contacts (speaking, newsletters...)		Jan 28	

Example PI consultation action planning form

Action Plan # 2	Enhanced businesses process: Registration through Billing			
Issue	Decreased patient satisfaction Lower Cash-Flow compared to potential Lack of appropriate documentation, and high bad debt			
Goal	Decrease AR days from 73 to 60 or lower by January 1. Decrease the number of days it takes to code a chart from 4 to 2 days (except for weekends) by January 1			
#	What is the action plan?	Who is the Driver?	By when?	Follow-Up
1.	Quantify the number of days and \$\$ held in med. Rec. due to delayed coding Quantify the reason for billing lag by department, and report that shows number of days from discharge to coding		Oct 30	
2	Identify impediments to chart being in the basket the morning after discharge and develop action plan and expectation		Oct 30	
3.	Quantify charge posting errors for one quarter of data		Oct 30	
4.	Develop a medical necessity cheat sheet for physician's offices, Lab, X-Ray and Registration (Mary will provide a hospital resource)		Oct 30	
5.	Meetings with local physician's office management staff on a monthly basis rather than quarterly to solve problems and build rapport with clinics Ensure short educational topic and organized mtg. to discuss issues and develop action plan (prioritize to keep meetings short and productive)		Initiate by Oct 30	
6.	Develop a job description for a financial counselor position – ensure that it is a “counselor” position and not necessarily a “collector” position – latter to remain with registration staff		Oct 1	
7.	Hire the financial counselor		Oct 30	
8.	Develop a process with P&Ps for pre registration of all potential surgical, imaging, lab and other client as appropriate along with staff training		Jan 1	
9	Make arrangement for a shared scheduling planning process in place that includes OR and ancillary – ask Kathy shared Outlook Calendar		Dec 10	
10	Develop sliding fee scale and agree on co-pay amounts for Medicare patients		Dec 1	
11	Educate staff and the community on sliding fee scale and plans to request co-pay		Dec. 31	
12	Public education with sign in registration area, article in newsletter, addition to hand book		Dec. 1	
13.	100% audit of ER charts on a daily basis by ER manager to ensure that all charges are in based on documentation		Oct 1	
14.	Schedule charge master review (recommend calling.....)		Dec 31	
15.	Quantify denial by type, track by data, share data, and set improvement goal (PI plan)		Nov 15	
16	Evaluate ABN software (3M)		Mar 15	

Example PI consultation action planning form

17	Educate Nursing Homes and Home Health re: ABN (medical necessity)		Dec 30	
18	Evaluate space utilization and needed modification for registration		Nov 30	
19	Research revenue cycle team and decide whether or not to implement – discuss with CFO at County		Oct 30	
20	Determine if our outsourcing of Private Pay Collections causes a negative impact on our AR days		Oct 15	
21	All third party contracts in place		Jun 30 '06	
22	Educate business office staff on third party contract arrangements so that they can effectively determined appropriate allowances and denials		Apr 30 2006	
23	Check with Blue Cross about skilled care reimbursement to ensure an appropriate rate vs long term care low level skilled care		Oct 30	

Action Plan # 3		Rehab Services		
Issue		Lower than potential revenue from the rehab department		
Goal		Complete assessment of present status and needs to determine action plan for growth by Feb 1, 2006		
#	What is the action plan?	Who is the Driver?	By when? 2005-06	Follow-Up
1	Track the following and report on a monthly basis: - # of visit by area of service (acute, SB, part B NH, OP...by discipline - # of units per visit, and per day by area of service by discipline - # of eval units by therapist per day per month to determine PT, OT, SLP time required		Nov 1, 2005 And on-going	
2	Track and report # of unit per day by therapists compared to hours worked		Now	
3	Track and report wait time for initial appointment post referral		Now	
4	Track and report # of referrals per month by physician		Now	
5	Track # of OP visits per program per month (ortho, neuro, muscular etc...		Oct 2005	
6	Track ALOS (# of visits from initial tx to discharge) for OP		Nov 1	
7	Charge master review		Dec 2005	
8	Track and report revenue compared to staff cost on a monthly basis		Now	
9	PI team (therapy with hospital nursing, NH and HH representative) to clarify issues, needs... and develop action plan with specific objectives using this template		Jan 15	
10	Therapy team to identify space needs and proposal		Jan 30	
11	Administer a physician satisfaction survey (local and physicians from out of the system) and quantify		Dec 15	
12	Administer a patient satisfaction survey and quantify		Jan 1	
13	Develop a schedule to visit physicians/office managers with low rehab utilization to identify issues and discuss their needs		Jan 15	

Example PI consultation action planning form

14	Hire more staff if productivity not sustainable or at maximum compared to benchmark (see PIA report) or Consider an external assessment of the department if difficulty to identify issues		TBD	
15	Talk with Kathy about IT needs	??	??	

Action Plan # 4		A culture of CARE		
Issue		Lack of friendly behavior to customers, co-works, and public. Lack of knowledge about appropriate behavior and etiquette. Lack of employee moral. Manager does not understand their roll in motivating and empowering their staff to develop a culture of care.		
Goal		A culture of caring within our hospital. Improved employee moral and responsibility. Improved patient satisfaction.		
#	What is the action plan?	Who is the Driver?	By when?	Follow-Up
1	Have present in a mandatory meeting the CARE program		Oct 14	
2	Have ask what employees think is good customer service CARE		Oct 14	
3.	Have ask employees to choose three words that mean customer service CARE to them.		Oct 14	
4	Compile list of words and make 10 posters with them on it. Have each employee sign it at the Town Hall meetings.		Oct 20	
5	Create an “Above and Beyond” bulletin board and flyer describing the program-nomination, thank you from managers and directors at Monday morning meeting, gifts, and pictures on the board		Oct 20	
6	Create “Above and Beyond” Gift Bags and Nomination Cards		Oct 20	
7	Re-format CARE standards, ask each department to add any departmental standards and then have each staff sign them, post a copy in department, and put in their employee file		Oct 17	
8	Have each department rate themselves on Customer Service		Oct 17	
9	Have a person of each department help create a new mission statement. Not necessarily managers and present to board at next meeting		Oct 24	
10	Give Town Hall presentation on Share the Care Program		Oct 25-27	
11	Talk with auxiliary about sending thank you notes to patients		November meeting	
12	Offer phone etiquette training to staff		Nov 20	
13	Incorporate a new manager into each of the skits		Start on Oct 17, ongoing	
14	Have people from each department serve an hour at the front desk to greet, take people wheel chairs and help escort people.	Department managers and	Start on Nov 1, end when needed	

Example PI consultation action planning form

15	Have a second training for managers and front line staff that talks about: not blaming others, not gossiping, building employee moral, 5/10 feet rural, making customer's experience memorable.	and possibly outside trainer	Nov15	
16	What do you appreciate about departments and give it to them	Appreciation committee	Dec 15	
17	Consider bonding opportunities for managers quarterly	Appreciation committee, and	Needs further discussion	
18	Utilize Stouder Group tapes in in-service meetings		Ongoing	
19	Continue to work with mangers to help them communicate information, set goals and action plans, and create an empowering structure for their departments	Needs Further Discussion	Needs Further discussion	
20	Develop an Customer Service improvement process for those employees who need added help to improve their behavior		Oct 25	
21	Communicate scholarship and career ladder information to employees		Oct 17 and put in next employee newsletter	
22	Track and report CS information to mangers monthly		Start Oct 25	
23	Follow calls to those transferred		Start Nov 1	
24	Continue to pass around copies of "If Disney Ran your Hospital" to managers and other staff.		Ongoing	

Action Plan # 5		Grow Out-Patient and Ancillary Utilization		
Issue		Utilization not at max		
Goal		Develop an action plan using this template for each service line by Feb 1, 2006		
#	What is the action plan?	Who is the Driver?	By when?	Follow-Up
1				
2				
3				

Example PI consultation action planning form

Action Plan # 6	Grow Nursing Home revenue			
Issue	Utilization not at max			
Goal	Develop an action plan using this template for each service line by Feb 1, 2006			
#	What is the action plan?	Who is the Driver?	By when?	Follow-Up
1				
2				
3				

Action Plan # 7	Grow Home Health revenue			
Issue	Utilization not at max			
Goal	Develop an action plan using this template for each service line by Feb 1, 2006			
#	What is the action plan?	Who is the Driver?	By when?	Follow-Up
1				
2				
3				

Action Plan # 8	Grow Surgical Service utilization			
Issue	Utilization not at max			
Goal	Develop an action plan using this template for each service line by Feb 1, 2006			
#	What is the action plan?	Who is the Driver?	By when?	Follow-Up
1				
2				
3				

Example PI consultation action planning form

Other Recommendations from the PIC		
#	Recommendation	Update
	Physician Complement	
1.	Work closely with physicians to ensure and maintain satisfaction – May need to consider a mediator to work with the physicians to create one team	
2.	Not recommended to re-open Obstetric - If meeting woman's health is considered an issue in the area, Xyz should consider opening a Women's Health Center with visiting OB/GYN physician who would deliver in a tertiary hospital	
3	Continue growing the specialty clinic – discuss potential to adopt method II billing for physicians	MG will provide more info by mid-Dec.
	IP Utilization	
1	Re-visit observation utilization as billing as per PI report slide # 41	
2	Purchase system for admission and continued stay criteria to assist UR responsibility and prevent denials	
3	Write case management P&Ps to include UR and discharge placement processes and activities	
4	Re-evaluate nursing staff utilization as per slide # 45 of the PI The goal is not to decrease nursing FTEs but re-evaluate needs and distribute positions/roles/special tasks accordingly	
	Ancillary – OR	
1	Meet with ENT, Urology, Orthopedic surgeon and Podiatrist to identify reasons for low utilization and what would XYZ have to do to get them to change that pattern	
2	Meet with Ophthalmologist to ensure satisfaction and continued or increased support	

3	Potential to recruit FTE surgeon willing to increase amount and possibly type of surgery performed at XYZ	
4	Use sample benchmark to calculate staffing need Track time and compare with paid staff hours	
5	Track and report type of surgery and procedures on a monthly basis by physician	
	Ancillary - Imaging	
1	Imperative to correct issues with radiology report without delay	
2	Increase cross training to ensure availability of general US for the ED and no break in mammography services	
3	Correct PACS system reporting issues ASAP to ensure timely access to reports for true benefit of the system	
4	Review utilization of imaging for a service area population of 18,000 and compare with benchmark	
5	-Run physician utilization reports now at least a quarterly basis to identify referral practice -Identify which clinic/practice provides what tests to better determine utilization expectations -Meet with physicians to determine level of satisfaction and what can be done if less than 100% satisfied	
6	Educate physicians on bone densitometry utilization	
7	Educate the community of availability of tests and encourage them to ask to be referred to XYZ for Imaging when seeing a physician out of the system – develop booklet	

Example PI consultation action planning form

8	Meet with local businesses to discuss the potential of performing pre-employment chest x-rays as indicated	
9	Work with registration office manager and lab department to determine process to ensure a proper system to identify need for ABN – use as a PI project – see report	
10	Variance report of preliminary readings in ED should be reported back to them within the next day and addressed as needed including calling the patient and notifying the primary care physician - Track and report to PI as an indicator	
11	Report denials to X-Ray as a staff education tool and to prevent future denials - Quantify and review with staff for education purpose - Can serve as another example of a PI indicator	
	Ancillary – Lab	
1	Ensure compliance with CAH billing by correctly marking lab slip to indicate place blood drawn (see slide 61)	
2	Work with registration office manager and radiology department to determine process to ensure a proper system to identify need for ABN – use as a PI project	
3	Request notification of denials due to wrong diagnosis or other data which Lab can impact and a monthly denial rate report - Quantify and review with staff for education purpose - Can serve as another example of a PI indicator	
4	Consider having lab perform ABGs during off hours if it would decrease RT call time	
	Emergency Department	
1	Continue all efforts to improve ED service given that this department is most often the “door” to XYZ – initial impression counts for a lot	
2	Track wait time in ED as time from triage to seeing a physician and by level to compare with benchmark	
3	Use National benchmark for ED staffing as ED visit increases to ensure appropriate staffing and/or expectations	
4	Imperative to determine PI indicators and participate in the program	
	Performance Improvement	
1	Hire a PI Director	
2	Design plan to meet criteria and stake holder’s needs – every departments should have indicators that fit into the overall plan	
3	Use a dashboard or balance score card format to track and report performance	
4	Delay JCAHO until functional PI plan in place	
	Financial Management	
1	Salaries and benefits expense is low and should be addressed as XYZ has failed to remain competitive with neighboring hospitals in the recruitment and retention of vital medical staff (wage/benefits/annual raises)	
2	Continue with CAH designation	
3	Using the attached Medicare revenue model, accurately calculate Medicare and Medicaid cost-based revenue on a monthly or quarterly basis	
4	Implement Medicare Part A service for those patients requiring longer LOS than one would provide in the swing bed and/or those residents returning to the nursing home after an acute hospital stay but no clear need to admit them to a SB	
5	Consider changes to the cost report and financial reporting: Medical Records Cost Allocation	

Example PI consultation action planning form

	<p>Begin tracking medical records time spent and use to allocate departmental costs</p> <p>Swing Bed SNF Services Work with FI to determine whether the 44 non-Medicare swing bed days should be classified as NF type days for purposes of determining appropriate Medicare costs</p> <p>PT RCC Evaluation high RCC in RT to determine whether charges are being dropped or if expenses are excessively high</p>	
6	Prepare a payment to charge analysis for Blue Cross outpatient services and a payment to cost analysis for inpatient services to ensure margin is generated from this contract - If necessary, renegotiate Blue Cross contract	
7	Hospital-wide charge master review	
	IT	
1	Continue significant investments in IT infrastructure to “catch up” to other rural hospitals	
2	Develop a 5-year IT strategy with an end goal of a community/ population-based care management system that will increase hospital market share - Include in this plan the anticipated return on investment from market share shifts or the cost of having market share swings away from XYZ	
	Expense Management	
1	Using the McKesson Inventory module, establish a perpetual inventory and begin managing supplies	
2	Consider moving to a bar code system as time and dollars permit	
3	Par level should be agreed upon with nursing departments and supplies not to be replaced unless reconciled with nurse manager on a daily basis	
	Governance and Leadership	
1	Improve accuracy of interim financial statements through better accounting for cost-based Medicare and Medicaid payment	
2	Provide Leadership Training for all managers, Team Building for all staff and Patient Centered Program/Customer Oriented Training	
3	Develop a formal report to share utilization, volume, and financial reports to be distributed to department heads on a monthly basis	
4	Ensure that managers know what they can track and how they can access reports that would allow them to improve “their business”	
5	Develop a program in which all employees are provided monetary incentives at varying levels dependent upon whether XYZ achieves key performance goals around finance, patient safety, patient satisfaction, and partner (employee) satisfaction	
6	Create entrepreneurial incentives for the senior management team and department managers to focus on enhancing service volumes within key ancillary service centers	